

(B) The State survey agency may apply the State's fire and safety code instead of the LSC if the Secretary finds that the State has a code imposed by State law that adequately protects a facility's clients.

(C) Compliance on November 26, 1982 with the 1967 edition of the LSC or compliance on April 18, 1986 with the 1981 edition of the LSC, with or without waivers, is considered to be compliance with this standard as long as the facility continues to remain in compliance with that edition of the Code.

(ii) For facilities that meet the LSC definition of a residential board and care occupancy and that have more than 16 beds, the State survey agency may apply the State's fire and safety code as specified in paragraph (j)(2)(B) of this section.

(k) *Standard: Paint.* The facility must—

(1) Use lead-free paint inside the facility; and

(2) Remove or cover interior paint or plaster containing lead so that it is not accessible to clients.

(l) *Standard: Infection control.*

(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. There must be an active program for the prevention, control, and investigation of infection and communicable diseases.

(2) The facility must implement successful corrective action in affected problem areas.

(3) The facility must maintain a record of incidents and corrective actions related to infections.

(4) The facility must prohibit employees with symptoms or signs of a communicable disease from direct contact with clients and their food.

§ 483.480 Condition of participation: Dietetic services.

(a) *Standard: Food and nutrition services.* (1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.

(2) A qualified dietitian must be employed either full-time, part-time, or on a consultant basis at the facility's discretion.

(3) If a qualified dietitian is not employed full-time, the facility must des-

ignate a person to serve as the director of food services.

(4) The client's interdisciplinary team, including a qualified dietitian and physician, must prescribe all modified and special diets including those used as a part of a program to manage inappropriate client behavior.

(5) Foods proposed for use as a primary reinforcement of adaptive behavior are evaluated in light of the client's nutritional status and needs.

(6) Unless otherwise specified by medical needs, the diet must be prepared at least in accordance with the latest edition of the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, adjusted for age, sex, disability and activity.

(b) *Standard: Meal services.* (1) Each client must receive at least three meals daily, at regular times comparable to normal mealtimes in the community with—

(i) Not more than 14 hours between a substantial evening meal and breakfast of the following day, except on weekends and holidays when a nourishing snack is provided at bedtime, 16 hours may elapse between a substantial evening meal and breakfast; and

(ii) Not less than 10 hours between breakfast and the evening meal of the same day, except as provided under paragraph (b)(1)(i) of this section.

(2) Food must be served—

(i) In appropriate quantity;

(ii) At appropriate temperature;

(iii) In a form consistent with the developmental level of the client; and

(iv) With appropriate utensils.

(3) Food served to clients individually and uneaten must be discarded.

(c) *Standard: Menus.* (1) Menus must—

(i) Be prepared in advance;

(ii) Provide a variety of foods at each meal;

(iii) Be different for the same days of each week and adjusted for seasonal changes; and

(iv) Include the average portion sizes for menu items.

(2) Menus for food actually served must be kept on file for 30 days.

(d) *Standard: Dining areas and service.*

The facility must—

(1) Serve meals for all clients, including persons with ambulation deficits,

Health Care Financing Administration, HHS

§ 484.1

in dining areas, unless otherwise specified by the interdisciplinary team or a physician;

(2) Provide table service for all clients who can and will eat at a table, including clients in wheelchairs;

(3) Equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client;

(4) Supervise and staff dining rooms adequately to direct self-help dining procedure, to assure that each client receives enough food and to assure that each client eats in a manner consistent with his or her developmental level; and

(5) Ensure that each client eats in an upright position, unless otherwise specified by the interdisciplinary team or a physician.

PART 484—HOME HEALTH SERVICES

Subpart A—General Provisions

Sec.

484.1 Basis and scope.

484.2 Definitions.

484.4 Personnel qualifications.

Subpart B—Administration

484.10 Condition of participation: Patient rights.

484.11 Condition of participation: Release of patient identifiable OASIS information.

484.12 Condition of participation: Compliance with Federal, State, and local laws, disclosure and ownership information, and accepted professional standards and principles.

484.14 Condition of participation: Organization, services, and administration.

484.16 Condition of participation: Group of professional personnel.

484.18 Condition of participation: Acceptance of patients, plan of care, and medical supervision.

484.20 Condition of participation: Reporting OASIS information.

Subpart C—Furnishing of Services

484.30 Condition of participation: Skilled nursing services.

484.32 Condition of participation: Therapy services.

484.34 Condition of participation: Medical social services.

484.36 Condition of participation: Home health aide services.

484.38 Condition of participation: Qualifying to furnish outpatient physical therapy or speech pathology services.

484.48 Condition of participation: Clinical records.

484.52 Condition of participation: Evaluation of the agency's program.

484.55 Condition of participation: Comprehensive assessment of patients.

Subpart D [Reserved]

Subpart E—Prospective Payment System for Home Health Agencies

484.200 Basis and scope.

484.202 Definitions.

484.205 Basis of payment.

484.210 Data used for the calculation of the national prospective 60-day episode payment.

484.215 Initial establishment of the calculation of the national 60-day episode payment.

484.220 Calculation of the national adjusted prospective 60-day episode payment rate for case-mix and area wage levels.

484.225 Annual update of the national adjusted prospective 60-day episode payment rate.

484.230 Methodology used for the calculation of the low-utilization payment adjustment.

484.235 Methodology used for the calculation of the partial episode payment adjustment.

484.237 Methodology used for the calculation of the significant change in condition payment adjustment.

484.240 Methodology used for the calculation of the outlier payment.

484.245 Accelerated payments for home health agencies.

484.250 Patient assessment data.

484.260 Limitation on review.

AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh)) unless otherwise indicated.

SOURCE: 54 FR 33367, Aug. 14, 1989, unless otherwise noted.

EDITORIAL NOTE: Nomenclature changes affecting part 484 appear at 56 FR 32973, July 18, 1991.

Subpart A—General Provisions

§ 484.1 Basis and scope.

(a) *Basis and scope.* This part is based on the indicated provisions of the following sections of the Act:

(1) Sections 1861(o) and 1891 establish the conditions that an HHA must meet in order to participate in Medicare.